

Department of Mental Health Aid Codes Master Chart

Overview

The following chart organizes Medi-Cal aid codes into four groups based on the percentage of federal financial participation (FFP) reimbursement for Medi-Cal eligibles within that group, provided FFP is available:

- Refugee (100% FFP)
- Title XXI of the Social Security Act (Enhanced FFP) at 65%
- Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Regular FFP)
- All other aid codes (Regular FFP)

Within these groups, the program/description column identifies aid codes for state-only Medi-Cal programs (no FFP) and programs that have restrictions on the services for which FFP is available. These aid codes are also identified by color coding and font/italics/underlining (see footnotes).

NOTE: Aid codes with restricted services because of citizenship or alien status are funded by Title XIX for emergency services (including labor & delivery), and Title XXI (Enhanced FFP) for Prenatal Services.

The chart columns EDS (Electronic Data Systems), SD/MC (Short Doyle Medi-Cal) and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) indicate claims processing or program source and service eligibility information that applies to beneficiaries in the aid category. The EDS column includes psychiatric inpatient hospital services in Fee-for-Service/Medi-Cal (FFS/MC) hospitals, which are paid by the Medi-Cal fiscal intermediary, EDS. The SD/MC column includes SD/MC hospital services and other Medi-Cal specialty mental health services covered by Mental Health Plans and the Healthy Families Program (HFP) benefit for HFP members who are seriously emotionally disturbed (SED) provided by county mental health departments. The EPSDT column identifies aid codes that may include beneficiaries under age 21 who are eligible for expanded Medi-Cal benefits under the EPSDT program.

An aid code that has a “yes” for EDS and a blank (no) for SD/MC means a mental health inpatient claim from a FFS/MC hospital will be paid with 100 percent county mental health funds. You will note that these aid codes are generally codes for state-only Medi-Cal programs for which there is no FFP. In some cases, psychiatric inpatient hospital services are covered by Medi-Cal for beneficiaries in these aid codes; in other cases, they are not. For example, for aid code 0R in the BCCTP, Medi-Cal and the MHPs cover psychiatric inpatient hospital services if medically necessary. For minor consent aid codes 7M, 7N, 7P and 7R, psychiatric inpatient hospital services are not covered by Medi-Cal and MHPs are not required to authorize and pay for the services, although EDS will pay the hospital if the MHP does authorize and the MHP will be

charged the full cost by the state. Check the program description column for general information on coverage.

When selecting from multiple aid codes in the Medi-Cal Eligibility Data System (MEDS), the SD/MC system pays a claim using the first aid code with FFP in the following order: Primary, Special 1, 2, and 3. *If* the claim is billed and payable with 7X, 8N, 8P, 8R, 8T, 8X, 9H, or 9R aid code, the claim will be paid at the enhanced FFP rate. As of July 1, 2002, aid codes 8T, 9R, 44, 48, 55, 58, 69, 7C, 74 are payable by the SD/MC system. These codes were previously locked out of the system, primarily because there are restrictions on the services covered by the aid code. For example, aid codes 8T, 55, and 58 identify beneficiaries who are only eligible for emergency services (emergency psychiatric inpatient hospital services and the related professional services) or pregnancy-related services (specialty mental health services required to ensure the health of the mother and child, generally up to delivery). Check the program description column for more information. If a service is not covered under the aid code, the services should not be claimed. These aid codes are billable for dates of service on or after July 1, 2002 and are noted by the superscript “1” after the “Yes” in SD/MC column. Newer restricted aid codes are payable by the SD/MC system, unless there are no services for which FFP may be claimed.

Historical FFP Rates

Federal Fiscal Year (October 1 through September 30)	Regular FFP	Enhanced FFP
2009 – 2010	50.00%	65.00%
2008 – 2009	50.00%	65.00%
2007 - 2008	50.00%	65.00%
2006 - 2007	50.00%	65.00%
2005 - 2006	50.00%	65.00%
2004 - 2005	50.00%	65.00%
2003 - 2004	52.95%	65.00%
April 1, 2003 - September 30, 2003 (As of Date of Payment)	54.35%	65.00%
October 1, 2002 - March 31, 2003 (As of Date of Payment)	50.00%	65.00%
2001 - 2002	51.40%	65.98%
2000 - 2001	51.25%	65.88%
1999 - 2000	51.67%	66.17%

Effective October 1, 2008, Beneficiary Services received a stimulus of 11.59% FMAP rate for FY 08/09 with a date of service from October 1, 2008 through December 31, 2010. Please see chart below.

Historical Stimulus Rates for Beneficiary Services Only

Federal Fiscal Year	Regular FFP
October 1, 2010 – December 31, 2010	61.59%
October 1, 2009 – September 30, 2010	61.59%
October 1, 2008 – September 30, 2009	61.59%

Special Indicators

These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: A RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

Aid Codes Master Chart Contact Information

Web site: <http://www.dmh.ca.gov/MedCCC/>

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SD/MC Aid Codes Change Log

New Revision	Previous Revision	Added Codes	Removed Codes	Changed Codes
9/10/2008	10/17/2003	3D, 3W, 65, 06, 46, 0W	5X, 5Y	
2/11/2010	9/10/2008	C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D2, D3, D4, D5, D6, D7, D8, D9, 2H, 5E, 8U, 8V, E1	18, 28, 68, 4P, 4R 0R, 0T, 53, 65, 8Y, 81	8X, 0M, 0N, 0P, 1X, 1Y, 47, 8W, Changed from restricted to Full Benefits

Refugee Aid Codes (100% FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes	Yes
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	Yes	Yes
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.	Yes	Yes	Yes
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.	Yes	Yes	Yes

Title XXI of the Social Security Act Aid Codes (Enhanced FFP 65%)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
<i>E1</i>	<i>Restricted to Prenatal and emergency services</i>	No	<i>Unverified citizens. Covers eligible unverified citizen children. One Month Medi-Cal to Healthy Families Bridge. Prenatal and Emergency Services Only. Covers services only to eligible children ages 0-19, who are unverified citizens</i>	Yes	Yes	Yes
7X	Full	No	One-Month Healthy Families (HF) Bridge (FFP). Provides one additional calendar month of health care benefits with no Share of Cost, through the same health care delivery system. to Medi-Cal-eligible children meeting the criteria of the HF Bridging Program.	Yes	Yes	Yes
<i>8N</i>	<i>Restricted to emergency services</i>	No	<i>133 Percent Program (OBRA). Child Undocumented / Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level. Emergency</i>	Yes	Yes	No
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6 th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	Yes	Yes
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident / PRUCOL / (IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19 th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	Yes	Yes
<i>8T</i>	<i>Restricted to emergency and prenatal services</i>	No	<i>100 Percent Program. Child-Undocumented / Nonimmigrant Status / (IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. Emergency & Prenatal</i>	Yes	Yes ¹	No
8X	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Healthy Families. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program who are Screened as Probable Healthy Families Eligibles . Provides Temporary , full scope Medi-Cal benefits with no SOC.	Yes	Yes	Yes
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the federal poverty level. HF covers medical, dental and vision services to enrolled children.	Yes	Yes	No
9R	CCS Services only (no Medi-Cal)	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management)	Yes	Yes ¹	No

Breast and Cervical Cancer Treatment Program (BCCTP) Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
<u>OM</u>	<u>Full</u>	<u>No</u>	<u>BCCTP- Accelerated Enrollment (AE). Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who are diagnosed with breast and/or cervical cancer. Eligibility limited to 2 months</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<u>ON</u>	<u>Full</u>	<u>No</u>	<u>BCCTP-AE, Provides AE for temporary full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. No time limit</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<u>OP</u>	<u>Full</u>	<u>No</u>	<u>BCCTP-Federal, Provides full-scope, no SOC Medi-Cal for females under 65 years of age who have diagnosed with breast and/or cervical cancer and are without creditable insurance coverage</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<i>OU</i>	<i>Restricted Services FFP Funds for Emergency Prenatal only Otherwise Restricted Services State funds</i>	<i>No</i>	<i>BCCTP Provides services for females with unsatisfactory immigration status, who are under 65 years of age, who have been diagnosed with breast and/or cervical cancer and are found in need of treatment. They are eligible for Federal BCCTP for Emergency & Prenatal services for the duration of treatment. Does not cover individuals with creditable health insurance. State-only cancer treatment payments are 18 months (breast) and 24 months (cervical).</i>	<i>Yes Yes</i>	<i>Yes</i>	<i>No</i>
<i>OV</i>	<i>Restricted Services FFP Funds for Emergency & Prenatal only Otherwise Restricted Services State funds</i>	<i>No</i>	<i>Post OU eligibility for federal Medi-Cal Emergency & Prenatal services only and who continue to meet Federal BCCTP criteria. State-only pregnancy-related and LTC; for individuals whose OU eligibility has expired and who are determined to be still in need of breast or cervical cancer treatment.</i>	<i>Yes Yes</i>	<i>Yes</i>	<i>No</i>
OW	Full	No	Provides transitional no cost-full scope Medi-Cal coverage while county makes determination of eligibility under any other Medi-Cal program to beneficiaries formerly in aid code OP who no longer meet federal BCCTP requirements due to turning 65, obtaining creditable health insurance or who no longer need treatment for breast and/or cervical cancer.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.	Yes	Yes	Yes
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.	Yes	Yes	Yes
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.	Yes	Yes	Yes
06	Full	No	Out of State Interstate Compact on Adoption Assistance AA children from out of state placed in CA	Yes	Yes	Yes
1H	Full	No	Federal poverty level – Aged (FPL-Aged) Provides full scope (no share of cost) Medi-Cal to qualified aged individuals/couples.	Yes	Yes	No
1E	Full	No	Continued eligibility for the Aged (FFP), Covers former SSI beneficiaries who are Aged (with exception of persons who are deceased or incarcerated in a correctional facility) until the county re-determines their eligibility.	Yes	Yes	No
1U	<i>Restricted to Prenatal and Emergency Services</i>	No	<i>Restricted Federal poverty level – Aged (Restricted FPL – Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status</i> <i>Emergency & Prenatal</i>	Yes	Yes	No
1X	Full	No	Multipurpose Senior Services Program Medi-Cal Qualified , Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Yes	No
1Y	Full	Yes	Multipurpose Senior Services Program Medi-Cal Qualified , Eligible due to application of spousal impoverishment rules. Covers persons 65 years and older who meet the Medi-Cal criteria for inpatient care in a nursing facility.	Yes	Yes	No
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.	Yes	Yes	No
13	Full	Y/N	Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status	Yes	Yes	No
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Yes	No
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.	Yes	Yes	No
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.	Yes	Yes	No

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
2A	Full	No	Abandoned baby program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act	Yes	Yes	Yes
2E	Full	No	Continued eligibility for the Blind (FFP). Covers former SSI beneficiaries who are Blind (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	Yes	Yes
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy blind persons of any age.	Yes	Yes	Yes
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.	Yes	Yes	Yes
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.	Yes	Yes	Yes
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)	Yes	Yes	Yes
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.	Yes	Yes	Yes
3A	Full	No	SAFETY NET – All other Families, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from assistance unit (AU) due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Yes	Yes
3C	Full	No	SAFETY NET – Two Parent, CalWORKs Timed-Out, Child-Only Case. (FFP) Provides for continued cash and Medi-Cal coverage of children whose parents have been discontinued from cash aid and removed from AU due to reaching the CalWORKs 60 month time limit without meeting a time extender exception.	Yes	Yes	Yes
3D	Full	No	Not on cash aid, but cash-linked Medi-Cal eligible because the individual has been determined to be eligible for CalWORKs.	Yes	Yes	Yes
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Yes	Yes
3G	Full	No	AFDC-FG (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
3H	Full	No	AFDC-FU (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project	Yes	Yes	Yes
3L	Full	No	CaWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.	Yes	Yes	Yes
3M	Full	No	CaWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Yes	Yes
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.	Yes	Yes	Yes
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes	Yes
3R	Full	No	Aid to Families with Dependent Children (AFDC) – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.	Yes	Yes	Yes
3T	<i>Restricted to prenatal and emergency services</i>	No	<i>Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment. Emergency & Prenatal</i>	Yes	Yes	No
3U	Full	No	CaWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.	Yes	Yes	Yes
3V	<i>Restricted to prenatal and emergency services</i>	No	<i>Section 1931(b) (FFP). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. Emergency</i>	Yes	Yes	No
3W	Full	No	Temporary Assistance to needy Families (TANF) Timed-Out Mixed Case	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.	Yes	Yes	Yes
32	Full	No	AFDC-FG (State only non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided.	Yes	Yes	Yes
33	Full	No	AFDC – Unemployed Parent (State-only program non-FFP cash grant) (FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.	Yes	Yes	Yes
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.	Yes	Yes	Yes
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements.	Yes	Yes	Yes
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.	Yes	Yes	Yes
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.	Yes	Yes	Yes
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.	Yes	Yes	Yes
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to AFDC cash grant discontinuance due to increased earnings, increased hours of employment or loss of the \$30 and 1/3 disregard.	Yes	Yes	Yes
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).	Yes	Yes	Yes
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.	Yes	Yes	Yes
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.	Yes	Yes	Yes
4M	Full	No	FORMER FOSTER CARE CHILDREN. This program covers former foster care youth who were in foster care on their eighteenth birthday. Coverage extends until the 21 st birthday and provides full-scope, no-cost benefits.	Yes	Yes	Yes
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Yes	Yes
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	Yes	Yes	Yes
44	<u>Restricted to pregnancy related services</u>	No	<u>Income Disregard Program. Pregnant (FFP) United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.</u>	<u>Yes</u>	<u>Yes¹</u>	<u>No</u>
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.	Yes	Yes	Yes
46	Full	No	Out of State Interstate Compact Foster Care children from out of state placed in CA	Yes	Yes	Yes
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level.	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
48	<u>Restricted to pregnancy related services</u>	No	<u>Income Disregard Program. Pregnant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.</u>	<u>Yes</u>	<u>Yes¹</u>	<u>No</u>
5E	Full	No	Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19.	Yes	Yes	Yes
5F	<i>Restricted to prenatal and emergency services</i>	Y/N	<i>OBRA Aliens. Covers non-immigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal.</i> Emergency	Yes	Yes	No
5J	<i>Restricted to prenatal and emergency services</i>	No	<i>Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.</i> Emergency	Yes	Yes	No
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.	Yes	Yes	Yes
5R	<i>Restricted to prenatal and emergency services</i>	Yes	<i>Pending disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with a SOC.</i> Emergency	Yes	Yes	No

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
5T	<i>Restricted</i> to prenatal and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients. <i>Emergency</i>	Yes	Yes	No
5W	<i>Restricted</i> to prenatal and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support. <i>Emergency</i>	Yes	Yes	No
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.	Yes	Yes	Yes
55	<i>Restricted</i> to prenatal and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not Permanently Residing Under Color Of Law (PRUCOL). LTC services: State-only funds; <i>Emergency</i> and prenatal-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.	Yes	Yes ¹	No
58	<i>Restricted</i> to prenatal and emergency services	Y/N	OBRA Aliens. Covers nonimmigrant and undocumented aliens who do not have proof of permanent resident alien, PRUCOL or amnesty alien status, but who are otherwise eligible for Medi-Cal. <i>Emergency</i>	Yes	Yes ¹	No
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.	Yes	Yes	Yes
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).	Yes	Yes	Yes
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).	Yes	Yes	Yes
6E	Full	No	Continued eligibility for the Disabled (FFP), Covers former SSI beneficiaries who are Disabled (with exception of persons who are deceased or incarcerated in a correctional facility) until the county redetermines their eligibility.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.	Yes	Yes	Yes
6H	Full	No	Federal Poverty Level – Disabled (FPL Disabled). Provides full-scope Medi-Cal (No share of cost) to qualified disabled individuals/couples	Yes	Yes	Yes
6J	Full	No	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Yes	No
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6P) who are appealing their cessation of SSI disability.	Yes	Yes	Yes
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.	Yes	Yes	Yes
6R	Full	Yes	SB87 Pending Disability Program. Provides full scope (no share of cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.	Yes	Yes	No
6U	<i>Restricted to prenatal and emergency services</i>	No	<i>Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no share of cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.</i> <i>Emergency & prenatal</i>	Yes	Yes	No
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	Yes	Yes
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.	Yes	Yes	Yes
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Yes	Yes
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.	Yes	Yes	Yes
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.	Yes	Yes	Yes
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.	Yes	Yes	Yes
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the Lynch v. Rank lawsuit. No age limit for this aid code.	Yes	Yes	Yes
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.	Yes	Yes	Yes
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS).	Yes	Yes	Yes
69	<i>Restricted to emergency services</i>	No	<i>Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides Emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.</i>	Yes	Yes ¹	No
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19 th birthday and family income is at or below 100 percent of the federal poverty level.	Yes	Yes	Yes
7C	<i>Restricted to prenatal and emergency services</i>	No	<i>100 Percent Program. Child – Undocumented / Nonimmigrant Status / [IRCA Amnesty Alien (Not ABD or Under 18)]. Covers Emergency and pregnancy related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.</i>	Yes	Yes ¹	No
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to the 19 years of age who would otherwise be ineligible or have a share of cost.	Yes	Yes	Yes
7K	<i>Restricted to prenatal and emergency services</i>	No	<i>Continuous Eligibility for Children (CEC) program. Provides Emergency and pregnancy-related benefits (no share of cost) to children up to 19 years of age who would otherwise be ineligible or have a share of cost.</i>	Yes	Yes	No
7M	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. State Funds	Yes	No	No
7N	<u>Restricted Valid for Minor Consent Services</u>	No	<u>Minor consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning</u>	Yes	No	No
7P	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors age 12 and under 21. Limited services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. State Funds	Yes	No	No

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
7R	Restricted Valid for Minor Consent Services	Y/N	Minor consent Program. Covers minors under the age 12. Limited to services related to family planning and sexual assault. State Funds	Yes	No	No
72	Full	No	133 Percent Program. Child-United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6 th birthday, continues, and family income is at or below 133 percent of the federal poverty level.	Yes	Yes	Yes
74	<i>Restricted to emergency services</i>	No	<i>133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides Emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.</i>	Yes	Yes ¹	No
76	<u>Restricted to 60-day postpartum services</u>	No	<u>60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all-postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.</u>	Yes	Yes	No
8E	Full	No	Accelerated Enrollment. Provides immediate , temporary, fee-for-service, full scope Medi-Cal benefits to children under the age of 19	Yes	Yes	Yes
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.	Yes	Yes	Yes
8U	Full	No	CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.	Yes	Yes	Yes
8V	Full	Yes	CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.	Yes	Yes	Yes
8W	Full	No	Medically Indigent (MI)-Accelerated Enrollment (AE)-CHDP Gateway for Medi-Cal. Provides for the pre-enrollment of CHILDREN into the Medi-Cal program who are Screened as No Cost Medi-Cal Eligibles . Provides Temporary , full scope Medi-Cal benefits with no SOC.	Yes	Yes	Yes
80	<u>Restricted to Medicare expenses</u>	No	<u>Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.</u>	No	Yes with Medicare Qualifier	No
82	Full	No	MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.	Yes	Yes	Yes
83	Full	Yes	MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
86	Full	No	MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.	Yes	Yes	No
87	Full	Yes	MI-Confirmed Pregnancy (FFP). Covers person's aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for MN programs.	Yes	Yes	No
C1	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.</i>	Yes	Yes	No
C2	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required</i>	Yes	Yes	No
C3	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.</i>	Yes	Yes	Yes
C4	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.</i>	Yes	Yes	Yes
C5	<i>Restricted Emergency /Prenatal</i>	No	<i>AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.</i>	Yes	Yes	Yes
C6	<i>Restricted Emergency /Prenatal</i>	Yes	<i>AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.</i>	Yes	Yes	Yes
C7	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.</i>	Yes	Yes	Yes
C8	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.</i>	Yes	Yes	Yes
C9	<i>Restricted Emergency /Prenatal</i>	No	<i>MI-Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.</i>	Yes	Yes	Yes
D1	<i>Restricted Emergency /Prenatal</i>	Yes	<i>MI-Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.</i>	Yes	Yes	Yes
D2	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status</i>	Yes	Yes	No
D3	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Aged – LTC (FFP) Covers persons 65 years of age or older who are medically needy and in LTC status</i>	Yes	Yes	No
D4	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.</i>	Yes	Yes	Yes
D5	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.</i>	Yes	Yes	Yes

All Other Aid Codes (Regular FFP)						
Code	Benefits	SOC	Program / Description	EDS	SD/MC	EPSDT
D6	<i>Restricted Emergency /Prenatal</i>	No	<i>Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.</i>	Yes	Yes	Yes
D7	<i>Restricted Emergency /Prenatal</i>	Yes	<i>Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.</i>	Yes	Yes	Yes
D8	<i>Restricted Emergency /Prenatal</i>	No	<i>MI-Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meets the eligibility requirements of medically indigent.</i>	Yes	Yes	No
D9	<i>Restricted Emergency /Prenatal</i>	Yes	<i>MI-Confirmed Pregnancy (FFP). Covers person's aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.</i>	Yes	Yes	No